

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT. No. 4880189685



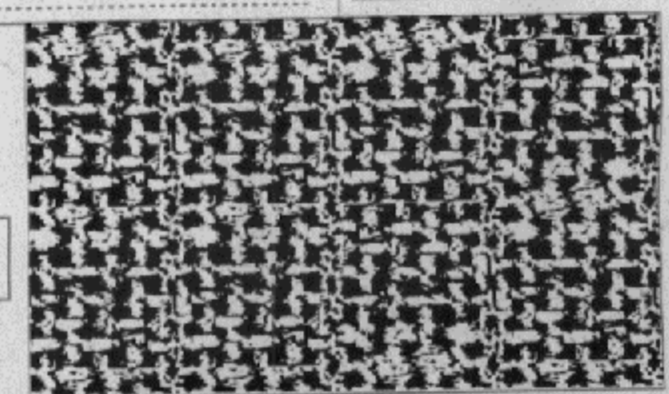
SUBBD27485141

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET		Company Name LE CREUSET - LA LUCIA				<input type="checkbox"/> Same Day	
Street Address SHOP G158, LE CREUSET - GATEWAY THEATRE OF SHOPPING		Street Address 90 WILLIAM CAMPBELL DRIVE				<input type="checkbox"/> Express	
1 PALM BOULEVARD, NEW TOWN CENTER		LA LUCIA				<input type="checkbox"/> With Sunrise Option	
Suburb UMHLANGA RIDGE		Suburb DURBAN NORTH				<input type="checkbox"/> With Saturday Service	
City / Town DURBAN Postal Code		City / Town KZN Postal Code				<input type="checkbox"/> Public Holiday Service	
Contact CASSANDRA		Contact ATISHA				<input checked="" type="checkbox"/> Economy	
Phone 031 100 1239		Phone 031 572 5045				<input type="checkbox"/> After Hours	
Destination Country		Destination Country				BLNS Customs Tariff	
South Africa <input checked="" type="checkbox"/>		Lesotho Namibia Swaziland Other (Please Specify)					
Sender's Reference UTE 1 1 2 3 3 8 2 9		Analysis Code				1. ONLINE <input type="checkbox"/>	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No.		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>	
If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.							
IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE 14.14 OVERLEAF). GOODS ARE SHIPPED AT OWNERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO R 250.00 PER SHIPMENT. (SEE CLAUSE 14.5 OVERLEAF). IF YOU WISH DSV DISTRIBUTION TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSE 14.5, 14.6 AND 14.7 OVERLEAF).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number					
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
1							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) ALVINA				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Viceto			
Date Received: 140318		Time Received: 1303		Date Received: 130318		Time Received: 1608	
Signature:				Signature:			

POD COPY

Version Control (05/2017)



Total Mass (Kg)